UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

CARNTON FOR	-17CV 5380
Write the full name of each plaintiff.	(Include case number if one has been assigned)
-against-	COMPLAINT
MERCY College Timiting HALL	Do you want a jury trial? ☑ Yes □ No
Lucy Redzeposki	- SD SD
Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

be a citizen of the same State as any plaintiff.
What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
American with Disability Right
American with Disability Rights Richabilation Act of
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff, CARMON Ford , is a citizen of the State of (Plaintiff's name)
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is a	an individual:		
The defendant, (I	Timithey Ha Defendant's name)	і. , і	s a citizen of the State of
New York			
subject of the foreig	gn state of	nent residence in the Ur	ited States, a citizen or
If the defendant is a	a corporation:	•	
The defendant,	NA	, is inco	rporated under the laws of
the State of	Vew york		
and has its princip			
or is incorporated	under the laws of (fo	oreign state)	
and has its princip	al place of business	in	•
	fendant is named in tl n additional defendan	he complaint, attach addi t.	tional pages providing
II. PARTIES			
A. Plaintiff Infor	mation		
Provide the following pages if needed.	g information for eac	ch plaintiff named in the	complaint. Attach additional
CARLTON	A	Ford.	
First Name	Middle Init	tial Last Name	
60	Box 124	G. F.O.	
Street Address			
Bronx		New York	104541
County, City		State	ノひりら ^パ ノノ Zip Code
914-562-56 Telephone Number		NIT	
Telephone Number		Email Address (if ava	ilable)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Timithan +	MAL				
	Timithey +	Last Name				
	President of	Mery Coiles				
	Current Job Title (or of	Mc-y College ther identifying information)			
	_555 Brok	ulary Ochhs Terry (or other address where de	my 105			
	westchester	State	10523	> .		
	County, City	State	Zip Code	-		
Defendant 2:	Lucy	RELZEROS	KI			
	First Name	RELZEPOS Last Name				
	555 Br	day Pro	fesson ag me	Acy Coilen		
	Current Job Title (or ot	Current Job Title (or other identifying information)				
	555 Br	é crolony.				
	Current Work Address (or other address where defendant may be served)					
	Dobbs Ferry	westelenke ou	wyork 10	522.		
	County, City	Westcherko No State	Zip Code			
Defendant 3:			•			
	First Name	Last Name				
	Current Job Title (or other identifying information)					
	Current Work Address (or other address where defendant may be served)					
	County, City	State	Zip Code			

Defendant 4:					
	First Name	Last Name			
	Current Job Title (or ot	ther identifying information)			
	Current Work Address (or other address where defendant may be served)				
·	County, City	State	Zip Code		
III. STATEMEN	NT OF CLAIM				
Place(s) of occurre	ence:				
Date(s) of occurre	ence:				
FACTS:					
•	t each defendant perso	t your case. Describe what honally did or failed to do that			
I was	discrimate	l against Pue	To Health		
Relatel	Conditions	This 15 19	Violation of		
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					Marie de la companya

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INJURIES:					
	ed as a result of t y, you required an	•	cribe your inj	uries and what med	ical
Suffered	Unrious	Segruses	<i>wiheh</i>	was net	
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IV. RELIEF					
State briefly wh	at money damage	s or other relief yo	ou want the o	court to order.	
I am	See King	Poznt	h 1	k gmount	
OF	\$45,000	S _v	46.1	44s Behn	1 25

United States District Court

Southern District of New York

Fall 2016, I attempted to register at Mercy College which offered a one year of studies. I would be able to obtain a Master degree in Business Administration. In a one year program, my objective was to seek employment. However, due to disability related conditions I was under the impression a graduate degree would be helpful.

I went to the Financial Aid office for what programs would be available to me Ms. Shante Johnson an employee said to me in a very condescending voice, due to my disability and being unable to use a computer why am I seeking a graduate degree. I informed her supervisor who then told Ms. Johnson she should assist me. After registration I was required to take an Immunization shot. I provided the school with my disabilities and illness signed by my doctor. This information can be provided. The school then began to treat me in a very uncomfortable way. I suffered with numerous seizures while in class which was ignored, all professor was provided with Accommodation Memorandum from the office of Accessibility. I was granted FAFSA Grants to pay the tuition. The school registrar Ms. Johnson informed me that I would have to obtain a student loan. I informed the registrar of financial aid office, I would not accept any student loan.

Thru mail and telephone contact my request was virtually ignored. Due to my brain tumor, it was very difficult for me to attend class which I did attend class when my illness was disclose. I was transferred out of the MBA class and was informed that I would be in my best interest to seek a master degree in Human Resources. Miss Cross agree with the professor. I attended class and was able to obtain B grade, some professor was considerate of my disability.

Prof. Lucy Redezposki who I never had any meeting with was listed as my independent professor. The school was aware of my disability. I informed Prof. Lucy Redezposki of my disability. She also received my accommodation memorandum. Prof. Lucy Redezposki ignored my disability, the only way I was able to be in contact was thru a computer which I paid someone to type my required papers. Prof. Lucy Redezposki thru computer stated that she did not understand how a disabled person like me was seeking a graduate degree which I interpreted she was stating I was somewhat disable and virtually retarded. The school subsequently discharge me which I found to be in violation at this time. I am obligated to pay for student loans which I did not accept also. Tuition payments under the American with Disability, the school is not adhere to.

Cartlton A. Ford

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7/14/2017			Jord	
Dated		Plaintiff's Signa	nture	
CANITON	A	Ford		
First Name	Middle Initia <u>l</u>	Last Name		
RO BOX 124	C.FO			
Street Address				
Dronx	wh		10451	
County, City	State		Zip Code	
914-562-5684	<i>!</i>	N	IA	
Telephone Number		Fmail Address	(if available)	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically: $\hfill \Box$ Yes $\hfill \Box$ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.